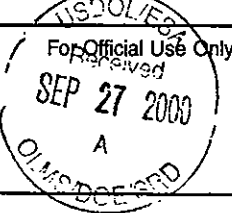


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER <u>033-317</u>	2. PERIOD COVERED MO DAY YEAR From <u>07 01 1999</u> Through <u>06 30 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <u>UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA AFL-CIO</u>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>SCOTT</u> Last Name <u>BYRNE</u> P.O. Box • Building and Room Number (if any) <u>Room 206</u> Number and Street <u>1401 HAMPTON AVE</u> City <u>ST LOUIS</u> State <u>MO</u> ZIP Code + 4 <u>63139-3159</u>	
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>		6. DESIGNATION NUMBER <u>1596</u>	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number <u>14</u>	<u>AN AUDIT WAS PERFORMED BY THE INDEPENDENT ACCOUNTING FIRM OF WOLFE, NILGES, NATHAN, P.C.</u>

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>Walter Noesch</u> <u>916100</u> <u>(314) 647-2223</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Scott L. Byrne</u> <u>918100</u> <u>(314) 647-2223</u> Date Telephone Number	TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ ☒
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1265

19. What is the date of your organization's next regular election of officers? MO YEAR
06 2001

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 1.00-59.00 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 033-317

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....	1	212,162	243,558
	26. Accounts Receivable.....			
	27. Loans Receivable.....			
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5	3231	2201
	31. Other Assets.....	3		
	32. TOTAL ASSETS.....		215,393	245,759

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....	8		
	34. Loans Payable.....			
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4	2053	3647
	37. TOTAL LIABILITIES.....		2053	3647
	38. NET ASSETS (Item 32 less Item 37).....		213,340	242,112

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 033-317

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		265040	56. To Officers	9	9663
40. Per Capita Tax			57. To Employees	10	39436
41. Fees		4518	58. Per Capita Tax		154437
42. Fines		10372	59. Fees, Fines, Assessments, etc.		
43. Assessments		4693	60. Office & Administrative Expense	13	5536
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		3332
46. Interest		10226	63. Benefits	11	9320
47. Dividends			64. Contributions, Gifts & Grants	12	562
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		4504
50. Loans Obtained	8		67. Withholding Taxes		13812
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	581
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf		1735	70. Repayment of Loans Obtained	8	
54. Other Receipts	14	2686	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	26691
55. TOTAL RECEIPTS		299270	74. TOTAL DISBURSEMENTS		267874

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 033-217

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>NONE</u> Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	NONE
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 033-317

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. NONE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES WITHHELD	1,912
2. COLLECTIONS FROM MEMBERS TO BE REMITTED TO DISTRICT COUNCIL	1,735
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3647
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: **033-317**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	10,933	8,814	2,119	2,119
7. Other Fixed Assets	110	28	82	82
8. Totals of Lines 1 through 7			2,201	2,201
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. NONE				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 033-317

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LAMINATION MACHINE	471	447	471
2. QUICK BOOKS SOFTWARE	110	82	110
3.			
4.			
5. Totals from additional pages (if any)			—
6. Totals of Lines 1 through 5	581	529	581
			7. Less Reinvestments
			—
			8. Net Purchases
			581
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. NONE					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 34					
		↑ Item 50	↑ Item 70	↑ Item 75	↑ Item 34
		Column (C)	Column (D)	with Explanation	Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 033-317

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*							
Last Name: 1. BYRNE First Name: SCOTT Title: FINANCIAL SECURE Status: C			480	456			936	
Last Name: 2. ROESCH First Name: WALTER Title: PRESIDENT Status: C			660	456			1116	
Last Name: 3. MCFERRON SR First Name: DAVID Title: VICE PRESIDENT Status: C			385	456			841	
Last Name: 4. BYRNE First Name: KEVIN Title: REG SECY Status: C			2340	456			2796	
Last Name: 5. HENRY First Name: JOHN Title: CONDUCTOR Status: C			264	456			720	
Last Name: 6. BRUNKHORST First Name: DOUG Title: WARDEN Status: C			264	456			720	
Last Name: 7. CASTEEL First Name: WALTER Title: TRUSTEE Status: C			564	456			1020	
8. Totals from additional pages (if any)			1,128	912	=	-	2,040	
9. Totals of Lines 1 through 8			6,085	4,104	-	-	10,189	
					10. Less Deductions			526
Enter the Total from Line 11 in Item 56 ➡					11. Net Disbursements			9663

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 033-317

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> AU MER <small>First Name</small> ANDREAS <small>Position</small> <small>Name of Affiliated Organization</small>	48 305	456	—	—	48 761
2. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
3. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
4. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	142	3,819	—	—	3,961
8. Totals of Lines 1 through 7	48,447	4,275	—	—	52,722
9. Less Deductions			13,286		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 39,436		

SCHEDULE 11 — BENEFITS

FILE NUMBER: **033-317**

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	CARPENTERS SHOPS & MILLS FUND	4,680
2. HEALTH AND WELFARE	CARPENTERS HEALTH & WELFARE FUND	4,640
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		9,320
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CARPENTERS GOLF TOURNAMENT	100
2. CARPENTERS BASS TOURNAMENT	100
3. CARPENTERS PUBLIC RELATIONS	100
4. CARPENTERS RETIREES CLUB	100
5. CHILDRENS HEALTH FOUNDATION	100
6. MUSCULAR DYSTROPHY	62
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	562
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE	1,572
2. OFFICE EXPENSE	3,101
3. INSURANCE	863
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5,536
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. HAT SALES	1,318
2. POSTAGE & HANDLING	1,295
3. DUES BOOK	13
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2686
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. CONVENTION EXPENSE	10,559
2. HATS, JACKET, PINS	2,787
3. PIN PARTY	1,010
4. REFRESHMENTS	2,549
5. CHRISTMAS PARTY	5,982
6. LABOR DAY PARADE	1,232
7. JOURNEYMAN UPGRADE CLASSES	2,602
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	26691
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA AFL-CIO

ENDING DATE OF PERIOD COVERED: 6/30/00

FILE NUMBER: 033-317

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: <u>COBB</u> First Name: <u>KEITH</u>	<u>TRUSTEE</u>	<u>C</u>	<u>564</u>	<u>454</u>			<u>1020</u>
Last Name: <u>PUCKETT</u> First Name: <u>COLYCE</u>	<u>TRUSTEE</u>	<u>C</u>	<u>564</u>	<u>456</u>			<u>1020</u>
Last Name: _____ First Name: _____	_____	_____					
Last Name: _____ First Name: _____	_____	_____					
Last Name: _____ First Name: _____	_____	_____					
Last Name: _____ First Name: _____	_____	_____					
Last Name: _____ First Name: _____	_____	_____					
Last Name: _____ First Name: _____	_____	_____					
Totals			<u>1,128</u>	<u>912</u>	<u>-</u>	<u>-</u>	<u>2,040</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						